U.S. Department of Labor Office of Labor-Management Stancards We inington, DC 20210

FORNI LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Managem and Budget No. 1215-0168 Expires 11-30-20(

This report is mandatory under P.L. 86-257, 25 amended. Failure to comply may result in criminal prosecution, fines, or civil penalties at provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E NEWS AND	OLLY BEFORE PREPARING THIS REPORT.	
1. File Number U - 5975	2. Fiscal Year Covered From:	
	61/01/04 Through: 12/3/10 4	
Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name KRITH D. HICKMAN	Name WASHINGTON DCBOILDING	
	Labor Organization File Number RADIS WOUNCIL	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 54063STH PLACE	Street	
CHY AUDITS WILLE	City	
State MD ZIP Code + 4 20782	State ZIP Code + 4	
Position in labor organization.		
. Held an interest in, engaged in transactions (including loans) with, or onetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	seeking to represent.	
Name (7.a. Nature of Interest, Transaction, or Income.	
rade Name, if any:		
O. Box, Bidg., Room No., if any		
Get!	7.b. Amount.	
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5. Signature and verification. The undersigned declares, under penalty of Peribmitted in this report (including the information contained in any accompanying adersigned's knowledge and belief, true, correct, and complete. (See the sections of the section of the	erjury and other applicable penalties of the law, that all of the information g documents), has been examined by the signatory and is, to the best of the on on penalties in the instructions.)	

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of haying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City 10. If 9.b. or 9.c. is checked give trust or employer's name. 11.a. Nature of such dealing. Name . Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ZIP Code + 4 12.b. Amount C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment.

DINNER (ILE 1) IT 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). SHOLA'S Trade Name, if any: P.O. Box, Bldg., Room No., if any 625 FYEST NW ASULNGTON. 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

Name of Person Filing		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or ott of an employer whise employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	nerwise dealing with the business ctir ely seeking to represent, or indirectly to or otherwise	3
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
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Street	c. Employer	
City		
State ZIP Code + 4	• 100	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.
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Name [ATTEN MULHIN ROSEDMAN	1 Ch Tic	
Trade Name, if any:	FOOT BAL	L GAME VI KINGS PROSKINS
P.O. Box, Bldg., Room No., if any	4 Me 0.00	
Street 1025 THOMAS JEFFERSON		!
WASIFINGTON DC		5
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3.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	Communication of the second of
Annual Control of the	\$1/60.00	<u> </u>

Name of Person Filing KEITH HICKBING	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary very substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tivuly seeking to represent, or	
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Name AMALGAMATED BANK	MEAL - 87-32	
Trade Name, if any:	AJGUST 30, 2004	
P.O. Box, Bidg., Room No., if any	,	
Street 1825 - KS+		i .
Chy WASHINGTON		:
State D C ZIP Code + 4 2000 6		
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